Fill in this information	on to identify your case:	
Debtor 1	Demetris R. Bailey	
Debtor 2 (Spouse, if filing)	Cindy E. Bailey	
United States Bank	ruptcy Court for the: WESTERN DISTRICT OF TENNESSEE	
Case number	19-11943	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official For	m 106l	MM / DD/ YYYY

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job,	Employment status *	■ Employed	■ Employed
attach a separate page with information about additional	Employment status*	☐ Not employed	☐ Not employed
employers.	Occupation		
Include part-time, seasonal, or self-employed work.	Employer's name	City of Dyer	Gibson County Circuit Court
Occupation may include student	Employer's address	105 South Main St	P.O. Box 147
or homemaker, if it applies.		Dyer, TN 38330	Trenton, TN 38382
	How long employed th		Additional Employment Information

**Give Details About Monthly Income** 

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 3,520.40 2,922.28 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 3. +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 3,520.40 2,922.28

Official Form 106I Schedule I: Your Income page 1

	tor 1 tor 2	Demetris R. Bailey Cindy E. Bailey	_	Case	number (if known)	19-1	1943	
					Debtor 1	non	Debtor 2 or a-filing spouse	
	Сор	y line 4 here	4.	\$_	3,520.40	\$_	2,922.28	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	579.58	\$	371.16	
	5b.	Mandatory contributions for retirement plans	5b.	\$	176.02	\$	146.12	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$_	0.00	
	5e.	Insurance	5e.	\$_	239.29	\$_	211.34	
	5f.	Domestic support obligations Union dues	5f.	\$_ \$	0.00	\$_ \$	0.00	
	5g. 5h.	Other deductions. Specify:	5g. 5h.+	· -	0.00 0.00	· · · —	0.00 0.00	
6.		· · · · · · · · · · · · · · · · · · ·	511.1 6.	Ψ_ \$		\$		
		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.		· –	994.89	· —	728.62	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	2,525.51	\$	2,193.66	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	!					
		settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$_	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	— 8g.	\$	0.00	\$_	0.00	
	8h.	Other monthly income. Specify: Town of Rutherford	8h.+	- \$ _	540.00	- \$ _	0.00	
		Dyer Nursing Home Inc		\$	0.00	\$	1,800.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	540.00	\$_	1,800.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,065.51 + \$_	3,	993.66 = \$7	7,059.17
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your refriends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depen		•		Schedule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes						7,059.17
13.	Do y	ou expect an increase or decrease within the year after you file this form	1?				Combine monthly i	
		No. Yes. Explain:						

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	omay =: =amoy		
Debtor 2	Cindy E. Bailey	Case number (if known)	19-11943
Debtor 1	Demetris R. Bailey		

## Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation		
Name of Employer	Town of Rutherford	
How long employed		
Address of Employer	PO Box 487	
	Rutherford, TN 38369	
Spouse		
Occupation		
Name of Employer	Dyer Nursing Home Inc	
How long employed		
Address of Employer	16 S Bells St Ste 3	
	Alamo. TN 38001	

Official Form 106l Schedule I: Your Income page 3

Fill	in this informa	ition to identify yo	our case:					
Deb		-				Ch	eck if this is:	
Den	ioi i	Demetris R.	вапеу			CIR	An amended filing	
	tor 2 ouse, if filing)	Cindy E. Bai	ley			_	•	wing postpetition chapter the following date:
Unit	ed States Bankr	ruptcy Court for the	: WESTE	RN DISTRICT OF TENNE	SSEE		MM / DD / YYYY	
	e number 19	9-11943						
Of	fficial Fo	rm 106J						
So	chedule	J: Your	Exper	ises				12/15
info	ormation. If m	ore space is ne n). Answer ever	eded, atta ry questio	If two married people arch another sheet to this fin.				
Par 1.	Is this a joir	ribe Your House nt case?	11010					
	□ No. Go to	line 2.						
	Yes. Doe	es Debtor 2 live i	in a separ	ate household?				
	■ N □ Y		st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate Housel	<i>hold</i> of De	btor 2.	
2.	Do vou have	e dependents?	□ No					
	Do not list D Debtor 2.	-	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents				Daughter		6	■ Yes
								□ No
					Daughter		13	Yes
					Son		15	□ No ■ Yes
								☐ No
								☐ Yes
3.	expenses o	penses include f people other to d your depende	han $_{m \Box}$	No Yes				
Par		ate Your Ongoi						
exp				uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance it luded it on <i>Schedule I:</i> Y			Your exp	enses
_	_,			,				
4.		or home owners and any rent for the		ses for your residence. In or lot.	nclude first mortgage	4.	\$	640.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
	4b. Prope	rty, homeowner's				4b.	\$	0.00
		maintenance, re owner's associat		upkeep expenses		4c. 4d.	·	100.00 0.00

5. \$

0.00

Additional mortgage payments for your residence, such as home equity loans

otor 1 Demetris R. Bailey Cindy E. Bailey	Case number	er (if known)	19-11943
Utilities:			
6a. Electricity, heat, natural gas	6a. S	\$	500.00
6b. Water, sewer, garbage collection	6b. S	\$	100.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. S	\$	525.00
6d. Other. Specify:	6d. S	\$	0.00
Food and housekeeping supplies	7. S	\$	1,500.00
Childcare and children's education costs	8. \$	\$	550.00
Clothing, laundry, and dry cleaning	9. 9	\$	250.00
Personal care products and services	10. \$	<b></b>	150.00
Medical and dental expenses	11. \$	\$	175.00
Transportation. Include gas, maintenance, bus or train fare.	40.		600.00
Do not include car payments.	12. \$		600.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$		100.00
Charitable contributions and religious donations	14. \$	<b></b>	0.00
Insurance.			
Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance	15a. S	t .	0.00
15b. Health insurance	15a. 3	·	0.00
			0.00
<ul><li>15c. Vehicle insurance</li><li>15d. Other insurance. Specify:</li></ul>	15c. S 15d. S		285.00
	150. 3	p	0.00
<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16. \$	\$	0.00
Installment or lease payments:			
17a. Car payments for Vehicle 1	17a. S		0.00
17b. Car payments for Vehicle 2	17b. S	·	0.00
17c. Other. Specify: Scott's RTO	17c. S		125.00
17d. Other. Specify:	17d. S	\$	0.00
Your payments of alimony, maintenance, and support that you did not report as	18. \$	r	0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you.	10.	·	0.00
Specify:	19.		0.00
Other real property expenses not included in lines 4 or 5 of this form or on Sche	edule I: You	ır Income.	
20a. Mortgages on other property	20a. S	\$	0.00
20b. Real estate taxes	20b. S	\$	0.00
20c. Property, homeowner's, or renter's insurance	20c. S	\$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. S	\$	0.00
20e. Homeowner's association or condominium dues	20e. S	\$	0.00
Other: Specify: misc	21	+\$	415.00
Calculate your monthly expenses		_	
22a. Add lines 4 through 21.		\$	6,015.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add line 22a and 22b. The result is your monthly expenses.		\$	6,015.00
Calculate your monthly net income.	00 - 1	•	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. S	·	7,059.17
23b. Copy your monthly expenses from line 22c above.	23b	·\$ 	6,015.00
23c. Subtract your monthly expenses from your monthly income.	23c.	\$	1,044.17
The result is your <i>monthly net income</i> .	230.	ν	1,077.17
Do you expect an increase or decrease in your expenses within the year after your car loan within the year or do you expect your modification to the terms of your mortgage?			ease or decrease because of a
No.			
Yes. Explain here:			